

**Dacula Marshal's Office
Georgia Crime Information Center
Consent Form**

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be
in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- . Employment with mentally disabled (Purpose code 'M')
- . Employment with elder care (Purpose code 'N')
- . Employment with children (Purpose code 'W')
- . Alcohol License Application (Purpose Code "E")
- . Other Government Employment

One of the following must be checked:

- . This authorization is valid for 90/180/_____ (circle one) days from date of signature.

. I, _____ give consent to the above
Signature
named to perform a criminal history background check as indicated above.

Sworn and Subscribed before me this _____ day of _____,
20 ____

NOTARY PUBLIC

Commission Expiration Date: _____ (SEAL)